

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 2/25/17 70th 3/22/17

PRINTED: 01/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

445260

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETED

01/11/2017

NAME OF PROVIDER OR SUPPLIER

BRIARCLIFF HEALTH CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

100 ELMHURST DR

OAK RIDGE, TN 37830

(X4) ID
PREFIX
TAG

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)

ID
PREFIX
TAG

PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)

(X5)
COMPLETION
DATE

F 356
SS=C

483.35(g)(1)-(4) POSTED NURSE STAFFING
INFORMATION

F 356

F356
SS=C

2-25-2017

483.35

(g) Nurse Staffing Information

(1) Data requirements. The facility must post
the following information on a daily basis:

(i) Facility name.

(ii) The current date.

(iii) The total number and the actual hours worked
by the following categories of licensed and
unlicensed nursing staff directly responsible for
resident care per shift:

(A) Registered nurses.

(B) Licensed practical nurses or licensed
vocational nurses (as defined under State law)

(C) Certified nurse aides.

(iv) Resident census.

(2) Posting requirements.

(i) The facility must post the nurse staffing data
specified in paragraph (g)(1) of this section on a
daily basis at the beginning of each shift.

(ii) Data must be posted as follows:

(A) Clear and readable format.

(B) In a prominent place readily accessible to
residents and visitors.

(3) Public access to posted nurse staffing data.

The posted nurse staffing information was
updated immediately.

The scheduler, Director of Clinical Education, and
all licensed nursing staff are to be in-serviced by
February 25, 2017 by the Director of Nursing
Services. The topic of the in-service will cover
data requirements, posting requirements, public
access to posted nursing staffing data, and
facility data retention requirements.

The Director of Nursing Services and/or
Administrator will verify daily in morning
meeting the staffing has been updated and the
Manager on Duty will verify on weekends.

The Director of Nursing Services and/or
Administrator will audit compliance daily x4
weeks then monthly x3 months, then on going as
determined by the Administrator. Results of the
audit will be reported immediately to the
Administrator. Audit will be discussed in the
monthly Quality Assurance Performance
Improvement Committee meeting consisting of
Administrator, Director of Nursing Services,
Medical Director, Social Services Director,
Director of Rehab, Director of Clinical Education,
Activities Director, Treatment Nurse, Director of
Medical Records, and Business Office Manager
x3 months and ongoing as determined by the
committee to monitor for continued compliance.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER BRIARCLIFF HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 100 ELMHURST DR OAK RIDGE, TN 37830		
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F 356	Continued From page 1 The facility must, upon oral or written request, make nurse staffing data available to the public for review at a cost not to exceed the community standard. (4) Facility data retention requirements. The facility must maintain the posted daily nurse staffing data for a minimum of 18 months, or as required by State law, whichever is greater. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide a current posting of daily nurse staffing. The findings included: Observation on 1/9/17 at 8:35 AM, in the facility main hallway, revealed the nurse staffing sheet posted was dated 1/7/17 and 01/8/17. Interview with Registered Nurse #1 on 1/9/17 at 8:50 AM, in the facility main hallway, confirmed the nurse staffing sheet posted was not for the current date.	F 356		2-25-2017	
F 431 SS=F	483.45(b)(2)(3)(g)(h) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. (a) Procedures. A facility must provide pharmaceutical services (including procedures	F 431	F431 SS=F All residents have the potential to be affected. All expired items and opened and not dated items were immediately discarded. The Director of Nursing Services to in-service all licensed staff on procedures, service consultation, records, labeling, and storage. The in-service is to be completed by February 25, 2017. The Unit Managers are to audit the med rooms daily for compliance. If med room is found not to be in compliance, Unit Manager to correct immediately and report to Director of Nursing. The Director of Nursing Services and/or Administrator will audit compliance weekly x4 weeks then monthly x3 months, then on going as determined by the Administrator. Results of the audit will be reported immediately to the Administrator. Audit will be discussed in the monthly Quality Assurance Performance Improvement meeting by the committee consisting of Administrator, Director of Nursing Services, Medical Director, Social Services Director, Director of Rehab, Director of Clinical Education, Activities Director, Treatment Nurse, Director of Medical Records, and Business Office Manager x3 months and ongoing as determined by the committee to monitor continued compliance.		

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F 431	<p>Continued From page 2</p> <p>that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who—</p> <p>(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and</p> <p>(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.</p> <p>(g) Labeling of Drugs and Biologicals. Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.</p> <p>(h) Storage of Drugs and Biologicals.</p> <p>(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the</p>	F 431			

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F 431	<p>Continued From page 3</p> <p>quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on facility policy review, observation, and interview, the facility failed to appropriately dispose of expired medications and biologicals for 2 of 2 medication storage rooms.</p> <p>The findings included:</p> <p>Review of facility policy, Storage and Expiration of Medications, Biologicals, Syringes and Needles, dated 1/1/13 revealed "...Facility should ensure that test reagents, stored separately from medications...expiration dated on the label...not been retained longer than recommended by manufacturer or supplier guidelines...not been contaminated or deteriorated...staff should record the date opened on the medication container...staff...record the calculated expiration date based on date opened on the medication container...facility should destroy and reorder medications and biologicals with soiled, illegible, worn, makeshift, incomplete damaged or missing labels...facility should ensure that the medications...are stored in the containers in which they were originally received...facility should destroy or return all discontinued, outdated/expired, or deteriorated medications...facility personnel should inspect...storage areas for proper storage compliance on a regularly scheduled basis..."</p> <p>Review of facility policy, Disposal/Destruction of Expired or Discontinued Medications, dated 1/1/13 revealed "...facility staff should destroy and dispose...out-dated medications..."</p>	F 431			

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F 431	<p>Continued From page 4</p> <p>Observation with Licensed Practical Nurse #1 (LPN) on 1/11/17 at 10:30 AM, in the East medication storage room revealed the following expired items available for resident use:</p> <ol style="list-style-type: none"> 1) 4 boxes Control Solutions Blood Glucose expired 9/2016 2) 1 box Control Solutions Blood Glucose expired 4/2016 3) 1 box Control Solutions Blood Glucose expired 6/2016 4) 10 Gluco-Chlor Towelettes (disinfectant) expired 10/2011 5) One 16 fl oz (fluid ounces) bottle of sterile water opened date 5/12 with 10% (percentage) used 6) Promethazine HCL (Hydrochloride) (medication to treat or prevent nausea and vomiting) 25 mg (milligrams) rectal suppository expired 12/2016 7) 5 Albuterol Sulfate (a bronchodilator medication used to treat or prevent bronchospasms) expired 8/2016. <p>Observation with Registered Nurse #1 (RN) on 1/11/17 at 1:50 PM, in the West medication storage room revealed the following expired items available for resident use:</p> <ol style="list-style-type: none"> 1) 1 Gluco-Chlor Towelettes (disinfectant) expired 12/2013 2) 1 opened 12 count box of rectal Acetaminophen Suppositories (medication to relieve pain or fever) 650 mg containing 17 suppositories expired 10/17/16 3) 1 prebiotics probiotic supplement with 30 capsules expired 12/2016 4) One 20 ml (milliliter) bottle of Lidocaine HCL (Hydrochloride) (a local anesthetic agent) 1% opened and not dated with 50% used 	F 431			

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F 431	Continued From page 5 Interview with the Director of Nursing on 1/11/17 at 2:33 PM, in the West medication storage room, confirmed the facility failed to follow their policy for the disposition of expired medications and unlabeled, opened medications timely.	F 431			